

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Denise Faustman	Confirmation No.:	9706
Serial No.:	10/851,983	Art Unit:	1648
Filed:	May 21, 2004	Examiner:	Agnieszka Boesen
Customer No.:	21559		
Title:	TREATMENT OF AUTOIMMUNE DISEASE		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REISSUE APPLICATION DECLARATION BY THE INVENTOR
UNDER 37 C.F.R. § 1.175

I hereby declare that:

The inventor's residence and citizenship is stated below next to her name.

I believe the inventor named below to be the original and first inventor of the subject matter which is described and claimed in patent number 6,660,487, granted December 9, 2003, and for which a reissue patent is sought on the invention entitled TREATMENT OF AUTOIMMUNE DISEASE, the specification of which was filed on May 21, 2004, and amended on May 21, 2004, July 11, 2007, May 19, 2008, and December 29, 2008.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply).

- ☐ by reason of a defective specification or drawing.
- ☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

The method of treating in claim 1 is too narrow because it requires an unnecessary *ex vivo* treatment step.

All errors corrected in this reissue application up to the filing of this Declaration arose without any deceptive intention on the part of the applicant.

I hereby appoint the attorneys and/or agents associated with customer number 21559 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to: Paul T. Clark at (617) 428-0200.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 of the and that such willful false statements may jeopardize the validity of the application, any patents issuing thereon, or any patent to which this declaration is directed.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Denise Faustman	Weston, MA, USA	34 Beacon Road Weston, MA, USA	U.S.A.
Signature: <i>Dr. Denise J. Faustman</i>			Date: 12/14/08

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Change of Address

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